

# THE COMMONWEALTH OF MASSACHUSETTS

EXECUTIVE OFFICE OF ENERGY AND ENVIRONMENTAL AFFAIRS



## Department of Agricultural Resources

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Governor

RICHARD K. SULLIVAN JR.  
Secretary

GREGORY C. WATSON  
Commissioner

### MASSACHUSETTS THOROUGHBRED BREEDING PROGRAM APPLICATION FOR MASSACHUSETTS THOROUGHBRED FOAL REGISTRATION

BREEDER: \_\_\_\_\_ ADDRESS \_\_\_\_\_  
(name) (Street, PO Box number)

(City, Town) (State) (Zip) (Telephone)  
FOAL'S SEX: \_\_\_\_\_ COLOR \_\_\_\_\_ Date of Foaling \_\_\_\_\_  
(Month, Day, Year)

FOAL'S NAME (As approved by Jockey Club): \_\_\_\_\_ JC Reg# \_\_\_\_\_  
SIRE: \_\_\_\_\_ DAM: \_\_\_\_\_

LOCATION OF FOALING: TO BE COMPLETED AND SIGNED BY FOALING FARM OWNER  
FOALING FARM: \_\_\_\_\_  
(Farm Name) (Farm Owner's Name)

(Address) (City or Town) (Zip)

I hereby certify, under the pains and penalties of perjury, that the mare  
\_\_\_\_\_ foaled a \_\_\_\_\_ on \_\_\_\_\_ at the above location.  
(Dam's Name) (sex) (Month, Day, Year)

X  
Signature of Foaling Farm Owner or Mgr. Date signed Farm Telephone

### REGISTRATION ELIGIBILITY AND APPLICANT'S CERTIFICATE

Did the dam reside in Massachusetts continuously from October 15, of the year prior to foaling, until foaling? Yes \_\_\_ No \_\_\_. If "Yes", complete Section A. If "No", complete Section B.

#### SECTION A

TO BE COMPLETED BY BREEDER -- List all locations where dam was stabled from October 15, of the year prior to foaling, until foaling.

\_\_\_\_\_  
Name of Farm and Address  
Dates \_\_\_\_\_  
\_\_\_\_\_  
Name of Farm and Address  
Dates \_\_\_\_\_

Is this yearling eligible to another state's breeding program? Yes No If yes, what state? \_\_\_\_\_

PLEASE COMPLETE REVERSE SIDE OF FORM (OVER)

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SECTION B

TO BE COMPLETED BY MASSACHUSETTS STALLION OWNER OR MANAGER IF DAM NAMED  
HEREIN WAS BRED BACK TO A REGISTERED MASSACHUSETTS STALLION IN THE SAME  
BREEDING SEASON SHE FOALD IN MASSACHUSETTS.

NAME OF STALLION: \_\_\_\_\_ DATES OF COVER \_\_\_\_\_  
(1<sup>st</sup>, last month, year)

LOCATION OF COVER: \_\_\_\_\_  
(Name of Farm) Farm Owner's Name

I hereby certify, under the pains and penalties of perjury, that the above named stallion covered the mare  
named \_\_\_\_\_ on above dates at the above farm.

X \_\_\_\_\_  
(Signature of Stallion Owner or Farm Manager) (Date Signed) ( Farm Telephone)

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APPLICANT'S CERTIFICATE

I hereby certify, under the pains and penalties of perjury that the information contained herein is  
accurate to the best of my belief and knowledge.

X \_\_\_\_\_  
(Applicant's signature) (Date Signed)

Applicant is \_\_\_\_\_Breeder\_\_\_\_\_Owner\_\_\_\_\_Lessee of the foal registered. If applicant is Owner or Lessee,  
Provide name and address below.

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Pursuant to M. G. L. Chapter 62C, Section 49A, I certify under penalties of perjury that I, to my  
best belief and knowledge, have filed all State tax returns, and paid all State taxes required  
under law.

X \_\_\_\_\_  
Signature

For Office Use Only:

Mass. Reg. Number \_\_\_\_\_

Issued \_\_\_\_\_ 20 \_\_\_\_\_

By \_\_\_\_\_

Mail To: Massachusetts Thoroughbred Program  
Mass. Dept of Agriculture Resources  
Division of Animal Health  
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